



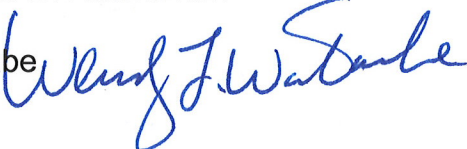
**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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WENDY L. WATANABE
AUDITOR-CONTROLLER

September 9, 2013

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Wendy L. Watanabe 
Auditor-Controller

SUBJECT: **1736 FAMILY CRISIS CENTER – A DEPARTMENT OF MENTAL
HEALTH CONTRACT SERVICE PROVIDER – CONTRACT
COMPLIANCE REVIEW**

We completed a contract compliance review of 1736 Family Crisis Center (1736 FCC or Agency), which covered a sample of billings from Fiscal Year (FY) 2011-12. The Department of Mental Health (DMH) contracts with 1736 FCC to provide mental health services, including interviewing Program clients, assessing their mental health needs, and implementing treatment plans. The purpose of our review was to determine whether 1736 FCC provided the services and maintained proper documentation as required by their DMH contract.

DMH paid 1736 FCC approximately \$400,000 on a cost-reimbursement basis for FY 2011-12. The Agency provides services in the Second Supervisorial District.

Results of Review

1736 FCC staff had the required qualifications to provide DMH Program services. However, 1736 FCC needs to improve the quality of documentation in their Assessments, Client Care Plans, and Progress Notes. Specifically, 1736 FCC:

- Did not adequately describe the clients' symptoms and behaviors to support the diagnosis for 17 (85%) of the 20 Assessments reviewed.

- Did not complete the Client Care Plan goals for 14 (70%) of the 20 clients reviewed in accordance with the DMH contract.
- Did not describe what the clients or service staff attempted and/or accomplished towards the clients' goals in 18 (90%) of the 20 Progress Notes billed to Mental Health Services.

1736 FCC's attached response indicates that the Agency provided diagnosis and documentation training to their treatment staff, will require additional documentation in client's files, and continue providing weekly supervision and monthly quality assurance and improvement reviews.

Details of our review, along with a recommendation for corrective action, are attached.

Review of Report

We discussed our report with 1736 FCC and DMH. 1736 FCC's attached response indicates that they agree with our findings and recommendation.

We thank 1736 FCC's management for their cooperation and assistance during our review. Please call me if you have any questions, or your staff may contact Don Chadwick at (213) 253-0301.

WLW:AB:DC:EB:sk

Attachment

c: William T Fujioka, Chief Executive Officer
Dr. Marvin J. Southard, Director, Department of Mental Health
Ralph Walter, Chair, Board of Directors, 1736 FCC
Dr. Scott Bowling, Executive Director, 1736 FCC
Public Information Office
Audit Committee

**1736 FAMILY CRISIS CENTER
DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2011-12**

BILLED SERVICES

Objective

Determine whether 1736 Family Crisis Center (1736 FCC or Agency) provided the services billed to the Department of Mental Health (DMH) in accordance with their DMH contract.

Verification

We selected 20 (11%) of the 183 approved Medi-Cal billings for December 2011 and January 2012, which were the most current billings available at the time of our review (January 2013). We reviewed the Assessments, Client Care Plans, and Progress Notes in the clients' charts for the selected billings. In addition, we reviewed the documentation quality within the chart. The 20 billings represent services provided to 20 clients.

Results

1736 FCC supported the sampled billings with documentation to substantiate the billings. However, 1736 FCC needs to improve the quality of documentation in their Assessments, Client Care Plans, and Progress Notes.

Assessments

1736 FCC did not adequately describe the clients' symptoms and behaviors consistent with the Diagnostic and Statistical Manual of Mental Disorder (DSM) to support the diagnosis in 17 (85%) of the 20 Assessments reviewed. The DSM is a handbook published by the American Psychiatric Association for mental health professionals, which lists different categories of mental disorder and the criteria for diagnosing them. The DMH contract requires the Agency to follow the DSM when diagnosing clients. This finding was also noted during our prior monitoring review.

Client Care Plans

1736 FCC did not develop specific objectives for 14 (70%) of the 20 Client Care Plans in accordance with their DMH contract. This finding was also noted during our prior monitoring review.

Progress Notes

1736 FCC did not describe what the clients or service staff attempted and/or accomplished towards the clients' goals in 18 (90%) of the 20 Progress Notes billed to Mental Health Services.

Recommendation

1. 1736 FCC management ensure that Assessments, Client Care Plans, and Progress Notes are completed in accordance with their DMH contract.

STAFFING QUALIFICATIONSObjective

Determine whether 1736 FCC treatment staff had the required qualifications to provide the services.

Verification

We reviewed the California Board of Behavioral Sciences' website and/or the personnel files for eight of the 18 treatment staff who provided services to DMH clients during December 2011 and January 2012.

Results

Each employee reviewed had the qualifications required to provide the billed services.

Recommendation

None.



Wendy L. Wantanabe
Auditor-Controller
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 525
Los Angeles, CA 90012

July 30, 2013

Dear Ms. Wantanabe,

We reviewed the findings in the report and take the recommendation very seriously. Please see below our plan to address the concerns brought to our attention:

Recommendation: FCC management ensure that Assessments, Client Care Plans, and Progress Notes are completed in accordance with their DMH contract.

All staff is trained upon hire and on a continuous basis by a licensed supervisor on DMH standards of treatment, including completing assessments, client care plans, and proper documentation.

1736 FCC has had difficulty obtaining spots in DMH sponsored documentation trainings. During our preliminary exit interview and again during our formal exit interview, Sukeda Day suggested that she could provide a dedicated training to 1736 FCC staff. We welcome the opportunity to participate in such a training.

During the Preliminary Exit Interview, it was suggested that staff needed to provide more thorough documentation of the diagnosis of Adjustment Disorder during Assessment for children in the shelter. It is important to note that children in shelter have mothers who are experiencing acute trauma upon their arrival to shelter. It is difficult to get a thorough and complete history from the parent in trauma immediately. It was decided that more time may need to elapse before diagnosing children in shelter in order to more thoroughly understand the extent of the issues in order to provide more extensive details when diagnosing. Eva Clay, Community Service Center Supervisor, provided a diagnosis and documentation training to therapists in the shelters immediately following the feedback from DMH.

Finally, we were provided feedback that it was not evident from the Progress Notes that there was collaboration with parents or that there were appropriate discharge plans. Again, the majority of the files audited included youth who were staying at our shelters. All of the children's mothers are involved in collateral sessions regarding the child. In those cases, the parent is typically a DMH CalWorks client. It is our systematic practice to place any family or parenting note, as well as termination plans in the parent's chart because those services are billed to the parent. We asked for the opportunity to show evidence of the parents' corresponding notes to provide support that those sessions were being provided, but were

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declined. During the exit interview, we discussed our plan to begin placing copies of parenting and family sessions, any parenting note that regards the child, and family termination plans into the child's file to substantiate the collaborative therapy and planning that is being provided.

We will continue to provide weekly supervision and monthly quality assurance and improvement review meetings in order to ensure quality of diagnosis and treatment.

We look forward to using the feedback to continue to improve our programs.

If you have any questions or concerns, please do not hesitate to contact me at (310)543-9900 ext. 208 or dnelson@1736fcc.org

Thank you,



Debbie Nelson

Senior Director of Clinical and Center Based Programs
1736 Family Crisis Center